

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 04/653730	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51		/			
2		/		/			52		/			
3		/		/			53		/			
4		/		/			54		/			
5		/		/			55		/			
6		/		/			56	/				
7		/		/			57		/			
8		/		/			58		/			
9		/		/			59		/			
10		/		/			60		/			
11		/		/			61	/				
12		/		/			62	/				
13		/		/			63	/				
14		/		/			64	/				
15		/		/			65	/				
16		/		/			66	/				
17		/		/			67	/				
18		/		/			68	/				
19		/		/			69	/				
20		/		/			70	/				
21		/		/			71	/				
22		/		/			72	/				
23		/		/			73	/				
24		/		/			74	/				
25		/		/			75	/				
26		/		/			76	/				
27	/			/			77		/			
28		/		/			78			/		
29		/		/			79			/		
30		/		/			80			/		
31		/		/			81			/		
32		/		/			82			/		
33		/		/			83			/		
34		/		/			84			/		
35		/		/			85			/		
36		/		/			86			/		
37	/			/			87			/		
38		/		/			88			/		
39		/		/			89			/		
40		/		/			90			/		
41		/		/			91			/		
42		/		/			92			/		
43		/		/			93			/		
44	/			/			94			/		
45		/		/			95			/		
46	/			/			96			/		
47	/			/			97			/		
48	/			/			98			/		
49	/			/			99			/		
50		/		/			100			/		
TOTAL IND.	9						TOTAL IND.		41			
TOTAL DEP.	67						TOTAL DEP.		28			
TOTAL CLAIMS	76						TOTAL CLAIMS		69			